

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037397

9841

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 10 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros. Hosp.		d. STREET-ADDRESS (If outside, give location) 6804 Parkwood Pl.	
3. NAME OF DECEASED (Type or print) Wilbert J. Buerman		4. DATE OF DEATH Oct. 1, 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-17-1917
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traffic Mgr. Ford Drayage Co.		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13a. FATHER'S NAME Fred Buerman		14. NAME OF HUSBAND OR WIFE Ruth Nolan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO. 441 X	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Arterio Sclerotic C.V.R. Dis DUE TO (c) Hypertension Malignant		INTERVAL BETWEEN ONSET AND DEATH 10 yrs 26 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1952 to 10-1-63 and last saw him alive on 10-1-63		Death occurred at 120 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE C. A. Hester		22b. ADDRESS 3654 S. Grand	
22c. DATE SIGNED 10-3-63		22d. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10-4-63	23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul	23d. LOCATION (City, town, or county) St. Louis, Mo.
24. FUNERAL DIRECTOR Southern Funeral Home		25. DATE RECD. BY LOCAL REG. OCT 8 1963	
6322 S. Grand, St. Louis, Mo.		26. REGISTRAR'S SIGNATURE Rod Smith, M.D.	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

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alone

Mr. Charles Foster  
1864 Illinois

30 11-1-11-7

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Arvid Van Tassan

Licensed Embalmer No. 4312

P. O. Address Dr. Lewis SMO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.